

**Part C State Performance Plan  
Indicator Measurement Report**

## **Overview of State Performance Plan Development**

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Kansas Infant-Toddler Services is a program based on local control. The structure of the program includes 36 local early intervention networks; each of which has local interagency coordinating councils. The lead agency (KDHE) provides monitoring, technical assistance, and funding support to the local networks.

In developing the State Performance Plan, KDHE met two OSEP objectives: 1) obtained broad input from stakeholders; and 2) disseminated the SPP to the public. The following summary describes the methods that were utilized by KDHE in meeting OSEP's objectives.

### *Obtaining Broad Input from Stakeholders:*

Kansas obtained broad input for the SPP from stakeholders via dissemination to the State Interagency Coordinating Council (SICC). The SICC members include representatives from the following entities: 1) Kansas State Senate, 2) Parent Members, 3) Kansas Department of Health and Environment, 4) Kansas State Board of Regents, 5) Kansas Social and Rehabilitative Services, 6) Service Providers, 7) Governor's Representative, 8) Kansas State Department of Education, 9) Kansas Insurance Commission, and 10) Public Representatives.

The State Performance Plan was distributed to the designees from the agencies above two weeks prior to the public review. The stakeholders were requested to review the document and given two weeks to identify concerns and provide comments. Changes to the document were to be accompanied by written justification for the changes at the SICC meeting.

A review of the document was presented at the SICC meeting. Stakeholders were given the opportunity to provide verbal comment and direction on the draft at that time. A discussion that focused on state six-year targets was the principal action taken by stakeholders.

### *Disseminating the SPP to the Public:*

The completed state performance plan will be disseminated to the public through KDHE's infant-toddler website. Hard copies will also be made available upon request through KDHE. Public notices of the SPP's completion will be provided in a KDHE press release.

The Kansas Legislature does not reconvene until January of 2006. However, copies of the SPP will be sent to legislative offices upon submittal to OSEP.

**Monitoring Priority: Early Intervention Services in Natural Environments**

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**1) Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.***Overview of Issue/Description of System or Process:*

General supervision strategies that KDHE uses to ensure that service coordination responsibilities are implemented include child record reviews, performance data surrounding timelines, and family survey responses. KDHE utilizes service providers as service coordinators.

In order to ensure that children are receiving early intervention services in a timely manner, Part C staff use data collected from parental responses to an entrance/exit parent survey; data gathered locally and compiled in the Federal Data Tables, data gathered from semi-annual reports, and parent contact/complaints.

Kansas Infant-Toddler Services stipulates that data be collected at a variety of levels:

- 1) The state should collect data independently for training, technical assistance, and evaluation purposes.
- 2) Local network coordinators should collect and report data from their respective networks. This increases accountability and also offers Local Interagency Coordinating Councils and other stakeholders the opportunity to evaluate their programs at the local level.
- 3) All parents should have the opportunity to report on the quality of services and effectiveness of the process in helping their children develop. In addition, all parents should have the opportunity to lodge specific complaints about a specific program or service provider to the state for further investigation.
- 4) Service providers should have the opportunity to describe strengths or voice concerns regarding service provision in their local networks.

Historically, state Part C staff has relied on data compiled locally as a method of reporting to OSEP. While KDHE continues to utilize data collected at the local level, the state has also implemented a series of verification tools that also provide a more holistic approach to evaluating services on a network-by-network basis.

For the parental perspective, state Part C staff developed an entrance and exit parent survey. This document is a one-page questionnaire that asks parents to rate various aspects of their experience with their local early intervention program. Every parental unit of a child in Kansas Infant-Toddler Services receives this survey after the IFSP is written. Every parent also receives the same survey again at transition. Survey results have been tabulated by network and can also be tabulated by entrance or exit survey. Once the results are tabulated, a review of the results from each question provides indication of the local networks' performance in a variety of areas. In addition, local networks are also compared to the state as a whole to determine any areas of particular concern.

Since the entrance/exit parent survey is distributed to the parents of every child in Infant-Toddler Services, it should be described as a census rather than a sample. Therefore, there is no sampling technique used in its distribution. The survey is currently written in English and Spanish, which, according to the primary language listed on for families on the state's database, covers 98.41% of the children receiving services in Kansas. Families speaking German, low German, French, or other languages are read a verbal survey by a local service provider. Parents send their responses directly to the state Part C staff for tabulation and evaluation.

An untested concern of state Part C staff regarding the entrance/exit survey is distribution bias. Ensuring that every parent receives an entrance/exit survey is out of the state Part C staff's control. While networks indicate that distribution is occurring for all parents, state staff has no means to verify this action. Therefore, the state has developed another parent survey, which will be distributed to parents who are randomly selected from the state's database. This survey asks the same questions as the entrance/exit survey, but also includes additional questions for more in-depth analysis. A random sample will be drawn that allows for analysis at a local network level. The results from this survey will be compared to the results from the corresponding questions on the entrance/exit survey for verification purposes. If the results from a local network are significantly different, further investigation will be required in order to determine if distribution bias exists in the entrance/exit population in a particular network.

The survey sent to randomly selected parents will be distributed after the next required database update, which is January 1, 2006. The purpose of the random sample is to produce results that are representative of the Part C participants in Kansas. Since only those families who have children that are eligible for Part C services participate, their opinions will be sought. Therefore, the entire population is defined as families of children eligible for Part C services in the State of Kansas.

In order to ensure that the sample is truly representative of the larger population, a means of random selection must be used. Every family in the state Part C program must have an equal and non-zero chance at being selected. This study uses a randomly drawn sample from the state's database for selection.

Kansas' next step is to determine how many units will be needed to gather an accurate sample. A formula determines the sample size:

$$\sqrt{(\text{Sample Size})} = \text{Population Variability} \times \text{Z-Score} \times 1/\text{Degree Accuracy}$$

- Population Variability is determined by the homogeneity/heterogeneity of the population being studied. The maximum variability possible is (.5). This value assumes that the population is at a maximum diversity. As the variability number decreases, the population characteristics become more homogenous.
- The Z-Score has been calculated as 1.99 for this formula.
- The researcher, with regards to how accurate the information needs to be, determines the degree of accuracy value. This value is presented in the form of a percent. In this case, Kansas has chosen +/-3%.

$$\sqrt{(\text{Sample Size})} = (.5) \times (1.99) \times (1/.03)$$

$$\sqrt{(\text{Sample Size})} = 33.17$$

$$\text{Sample Size} = 33.17^2 = \mathbf{1100.}$$

The sample size needed to produce results consistent with the research goals is 1100 recipients. The population variability was set at (.5) based on the demographic breakdown of the State of Kansas (maximum heterogeneity). The results are expressed by a 99% confidence level, which means that there is a 99% chance the questionnaire's findings actually represent the entire population of Part C families in Kansas within the degree of accuracy (+/-3%).

In addition to the two parent surveys, a provider survey has been distributed, but not tabulated. The results will provide detailed data from the service delivery perspective because it asks the same questions as the entrance/exit parent survey from a provider perspective. The data compiled from provider surveys will be compared to parent responses, to ensure that there is a correlation between the responses given by providers and parents with regards to service delivery. If discrepancies exist, state Part C staff will research data provided by the local network continuous improvement plan and semi-annual reports to determine why. If no explanation can still be determined, Part C staff, in conjunction with the local network, will discuss discrepancies within the local network. An on-site review may also be necessary to identify discrepancies.

In the subsequent indicators, percentages from entrance/exit parent surveys come from 12 months of data collected from August 1, 2004 through April 30, 2005. The results from the survey sent to randomly selected parents and the results from the provider survey will be available for the initial Annual Performance Report.

#### *Baseline Data:*

Data regarding the provision of services identified on a child's IFSP is currently not aggregated nor reported at the state level. However, the following data has been compiled regarding the services provided.

The entrance/exit parent survey includes two questions regarding the appropriateness and timeliness of services:

Is your child receiving all of the services written on his or her plan?

- ☐ Yes  
☐ No (If not, list the service not received or the reason for not providing the service) \_\_\_\_\_

About how many days passed from the time that your child's plan was written to the day that services began?

- ☐ Less than 5 days  
☐ 5-15 days

- ☐ 15-30 days
- ☐ 30 or more days
- ☐ Not Sure

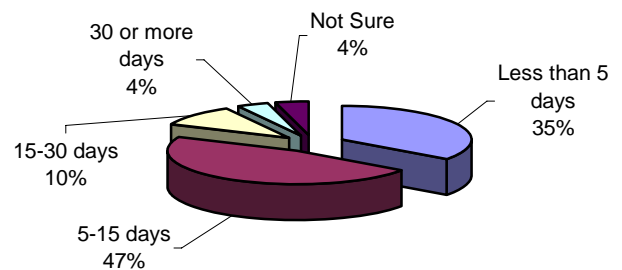
With regards to the former question, as of July 1, 2005, 96.5% of parents report that children are receiving ALL services written on their plans. Of the 3.5% that did not report receiving all services, 63% included explanations, which typically included a personal choice by parents. The remaining 38% did not include a response.

Twenty-one networks statewide (58.3%) had ALL parents report all services on the IFSPs were provided all the time.

Parental responses to the latter question revealed the following information:

- 35.1% of parents reported that services began in less than five days.
- 46.7% of parents reported that services began in 5-15 days.
- 10.1% of parents reported that services began in 15-30 days
- 4.07% of parents reported that services began in 30 or more days
- 4.07% of parents were not sure when services began.

**ELAPSED TIME FROM IFSP DEVELOPMENT TO COMMENCEMENT OF SERVICES**



Data gathered by the 2004 Federal Data Table 4 indicate the following:

TABLE XIX: Federal Data Table #4 (Compiled)		NUMBER OF INFANTS AND TODDLERS (0 THROUGH 2) AND THEIR FAMILIES RECEIVING SERVICES					
EAF	EARLY INTERVENTION SERVICES	TOTAL	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
1.	ASSISTIVE TECHNOLOGY SERVICES/DEVICES	253	4	17	28	204	0
2.	AUDIOLOGY	395	4	19	75	297	0
3.	FAMILY TRAINING, COUNSELING, HOME VISITS, AND OTHER SUPPORT	417	3	43	66	304	1
4.	HEALTH SERVICES	51	0	5	2	44	0
5.	MEDICAL SERVICES	52	0	5	6	41	0
6.	NURSING SERVICES	225	3	26	71	125	0
7.	NUTRITION SERVICES	259	5	21	25	207	1
8.	OCCUPATIONAL THERAPY	1091	24	100	140	823	4
9.	PHYSICAL THERAPY	1015	20	77	114	799	5
10.	PSYCHOLOGICAL SERVICES	2	0	1	0	1	0
11.	RESPIRE CARE	253	3	48	32	166	4
12.	SOCIAL WORK SERVICES	115	1	11	22	80	1
13.	SPECIAL INSTRUCTION	1553	24	171	208	1143	7
14.	SPEECH-LANGUAGE PATHOLOGY	2068	31	168	216	1639	14
15.	TRANSPORTATION RELATED COSTS	135	1	15	25	94	0
16.	VISION SERVICES	237	4	18	33	181	1
17.	OTHER EARLY INTERVENTION SERVICES*	118	0	8	51	59	0

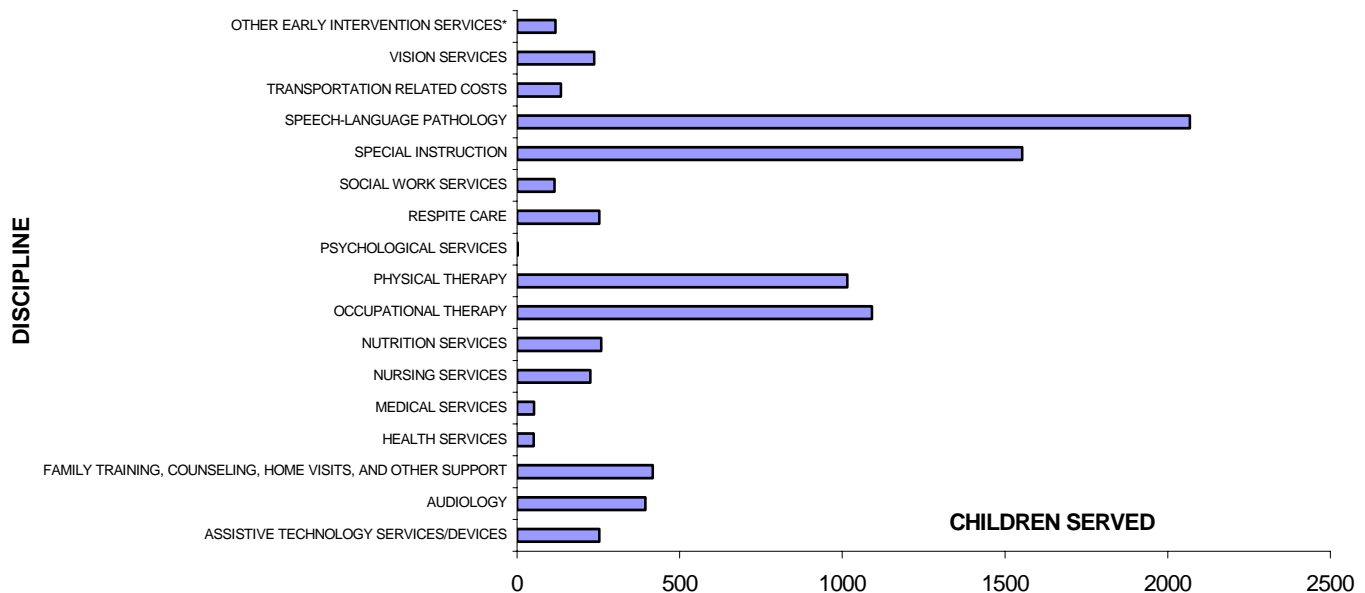
From July 1, 2004 to December 31, 2004, 1216 IFSPs were developed within the 45-day timeline and 201 IFSPs were not developed within the timeline. From January 1, 2005 through June 30, 2005, 1281 IFSPs were developed within the 45-day timeline and 347 IFSPs were not developed within the timeline.

For the entire reporting period, 2497 of 3045 IFSPs (82%) were developed within the 45-day timeline.

Of the 548 IFSPs not developed within the 45-day timeline, the following justifications were provided:

Category	Reason for Delay	Quantity	Percent
Child in Foster Care	Child advocate not appointed	1	0.18%
Child in Foster Care	Child scheduled to move	2	0.36%

Child in Foster Care	Difficulty locating parent	29	5.29%
Illness	Child illness	22	4.01%
Illness	Part C staff illness	2	0.36%
Family Choice	Family delayed or rescheduled	213	38.87%
Family Choice	Family missed scheduled contact	79	14.42%
Family Choice	Family chose other services	2	0.36%
Family Choice	Family not responding to contact attempts	8	1.46%
Family Moved	Family moved-location not determined	1	0.18%
Family Moved	Family moved-services began after 45 days	2	0.36%
Error	Part C staff error	21	3.83%
Part C Staff Availability	Part C staff scheduling difficulties	13	2.37%
Part C Staff Availability	Unable to find interpreter	1	0.18%
Re-evaluation Needed	Eligibility determined after re-evaluation	18	3.28%
Holiday Break	Holiday break	4	0.73%
In Process	In process at time of report (within 45 days)	130	23.72%

**Total****548****EARLY INTERVENTION SERVICES***Discussion of Baseline Data:*

In tracking results to specific networks from the entrance/exit parent survey, there is not a trend in any local network of inappropriate service delivery or IFSP development. Concerns appear to be sporadic and random across the state.

In 2003-2004, 100% of networks surveyed report: results by a multi-disciplinary team are used to determine eligibility for services unless the child has a known or established diagnosis; teams consist of at least two professionals from different disciplines and the child's parent(s); family involvement includes participation in all aspects of the evaluation process at the level of the family's choice and that the assessments include the child's abilities as observed by their family members. Network coordinators also described the roles and some outcomes of family service coordination in their networks. All indicated that the family service coordinator's role is to assure the coordination of the initial eligibility determination and IFSP development process in a timely manner and to provide the family with accurate information about the services and resources.

Narrative information from the semi-annual reports from the 36 local Part C early intervention networks indicates the procedures for timely evaluation, IFSP development and delivery of services is occurring in a reasonable amount of time after the child is first identified.

Networks report that services are implemented within a reasonable time period according to regulation upon parent consent to services at the IFSP. Kansas Infant-Toddler Services has assurances on file from each network that verify this.

During program reviews, Part C staff noted no problems with the provision of all services identified on IFSP's while reviewing files that included provider visit notes and other documentation that verified services were being provided.

*Federal Fiscal Year:*

All data reported in this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

KDHE does not include a definition of timeliness in the procedure manual. However, after the release of the federal regulations, KDHE will complete a new version of the procedure manual that will include a definition of timeliness. Kansas Infant-Toddler Services recognizes that timeliness of services should be determined on an individual basis, but should never extend beyond 30 days without justification.

State Part C staff expects that this indicator should currently be at 100%. Reasonable justifications should be provided in all IFSPs when services are not provided in a timely manner. Currently, some of the justifications are not appropriate, such as staff error, holiday break, Part C staff scheduling difficulties, unable to find interpreter, child advocate not appointed, and Part C staff illness.

*Year 1:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 2:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 3:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 4:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 5:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Year 6:* 100% of children in Part C will have services in a timely manner, or reasonable justifications for not providing services in a timely manner will be documented.

*Improvement Activities/Timelines/Resources:*

- 1) We are promoting evidence-based practice in early intervention training through the Puckett Institute. Kansas is currently supporting a pilot program with five local networks, and is in the process of scheduling a second training in the spring of 2006.
- 2) In collaboration with the Kansas State Department of Education, Infant-Toddler Service is coordinating online courses for service coordination in early intervention.
- 3) Reviews of local NCIP processes and plans will focus on the use of data by local networks to direct future planning activities.
- 4) KDHE is currently working to increase the frequency of screening training and activities for all children.

- 5) State Part C staff is requiring networks to update data on the state's database quarterly.
- 6) Entrance/exit surveys, surveys to randomly selected parents, and provider surveys will be utilized to ensure that networks and stakeholders are in agreement as to the method of service provision.
- 7) Semi-annual report reviews will focus on timelines.
- 8) State Part C staff will continue to monitor calls to the state and respond to parental concerns in this area.
- 9) Data will be collected to determine if there is a need for further assistance for local networks.

**2) Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.**

*Overview of Issue/Description of System or Process:*

Data described in this indicator was collected from the entrance/exit parent survey and Federal Data Table 2 from December 1, 2004. Local networks are responsible for collecting their local data that is imputed into the state's Federal Data Tables. Responses to entrance/exit parent surveys are cross-referenced with the network reports to ensure that parents and service coordinators are consistent in their reporting of service locations.

Local networks submit IFSPs with their semi-annual reports for state Part C staff review. Part of this review process requires networks to provide justification statements as to why services are not provided in the child's natural environment. The state has changed its practice of allowing networks the option of selecting the IFSPs to be reviewed. At the next IFSP submission date (July 30, 2006), local networks will be required to submit IFSPs for children randomly selected by state Part C staff from the database.

*Baseline Data:*

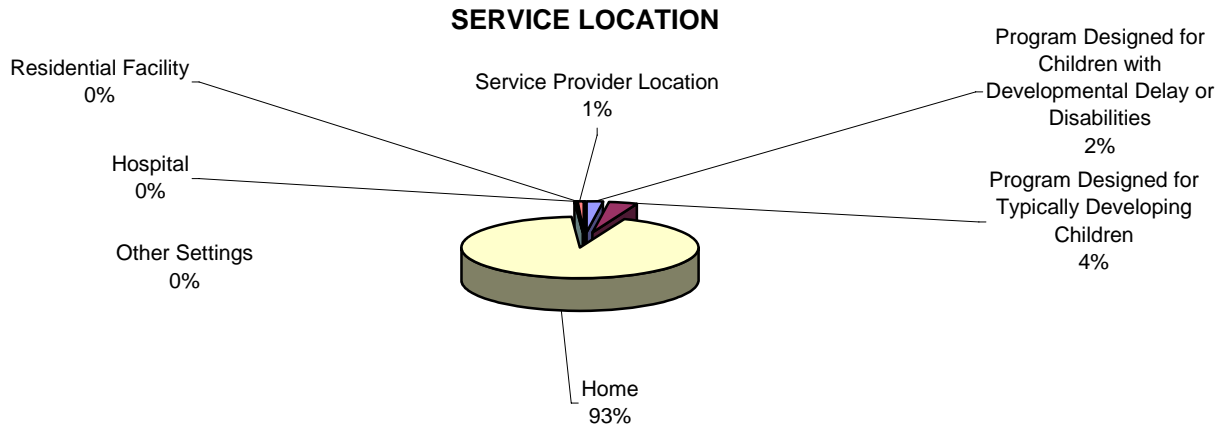
In 2004, 2947 children in Kansas had IFSPs. Of those children with IFSPs, 2856 received services in the home or in programs designed for typically developing children (96.9%).

According to entrance/exit parent survey results, services are provided in the child's natural environment most of the time.

- 82.8% of parents responded that services were always provided in the natural environment.
- 10.3% of parents reported that services were frequently provided in the natural environment.
- 3.18% of parents reported that services are provided in natural environments about half of the time.
- 1.85% of parents reported that services are sometimes provided in the natural environment.
- 0.53% of parents reported that services were never provided in the natural environment.
- 1.32% of responses were missing/not legible.

According to Kansas' December 1, 2004 Table 2, programs reported services in the following locations:

	Birth to One	One to Two	Two to Three	Total
Program Designed for Children with Developmental Delay or Disabilities	1	10	51	62
Program Designed for Typically Developing Children	10	33	74	117
Home	463	813	1463	2739
Hospital	1	0	0	1
Residential Facility	0	0	2	2
Service Provider Location	4	5	17	26
Other Settings	0	0	0	0
<b>Total:</b>	<b>479</b>	<b>861</b>	<b>1607</b>	<b>2947</b>



Information gathered for Federal Data Table 2 from December 1, 2004 defines service setting by race/ethnicity:

Program Setting by Race/Ethnicity	American Indian or Alaska Native	Asian or Pacific Islander	Black	Hispanic	White	Total
Program Designed for Children with Developmental Delay or Disabilities	1	0	8	6	47	62
Program Designed for Typically Developing Children	4	3	9	7	94	117
Home	10	56	246	330	2097	2739
Hospital	0	0	0	0	1	1
Residential Facility	0	0	0	0	2	2
Service Provider Location	0	0	3	2	21	26
Other Settings	0	0	0	0	0	0
<b>Total:</b>	<b>15</b>	<b>59</b>	<b>266</b>	<b>345</b>	<b>2262</b>	<b>2947</b>

#### Discussion of Baseline Data:

Further analysis on settings reveals the following data:

- Networks providing services in programs designed for children with developmental delay or disabilities: Butler County (1), Johnson County (1), McPherson McKIDS (10), Sedgwick County (30), Sunflower (15), and Wyandotte County (5).
- Networks providing services at a residential facility: Lakemary (2).
- Networks providing services at the service provider location: Butler County (1), Clay/Washington Counties (1), Douglas County (1), Geary County (1), McPherson McKIDS (2), Northwest Kansas (1), REACH (3), Reno County (3), Salina (11), Southeast Kansas (1), and Sumner County (1).

Kansas Infant-Toddler Services requires all 36 local early intervention networks to sign assurances that, "Comprehensive Part C early intervention services are available year-round on an interagency basis at no cost to parents." The assurances must be signed in order to receive funding.

Data from the random parent survey, the provider survey, and the entrance/exit survey can be tracked to specific local networks for comparison to state means. Although the random survey and the provider survey are not in circulation yet, they will provide increased depth to parent responses, and outline service delivery from the providers' perspectives.

In tracking results to specific networks from the entrance/exit parent survey, there is not a trend in any local network of inappropriate service delivery or IFSP development. Concerns appear to be sporadic and random across the state.

#### Federal Fiscal Year:



Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

State Part C staff expects that this indicator should currently be at 100%. Reasonable justifications should be provided in all IFSPs when services are not provided in natural environments. Currently, some of the justifications are not appropriate, such as parent choice, provider choice, scheduling difficulty, and funding.

*Year 1:* At or above 95% of children in Part C will have services in the natural environment, or reasonable justifications for not providing services in the natural environment will be documented.

*Year 2:* At or above 95% of children in Part C will have services in the natural environment, or reasonable justifications for not providing services in the natural environment will be documented.

*Year 3:* At or above 95% of children in Part C will have services in the natural environment, or reasonable justifications for not providing services in the natural environment will be documented.

*Year 4:* At or above 95% of children in Part C will have services in the natural environment, or reasonable justifications for not providing services in the natural environment will be documented.

*Year 5:* At or above 95% of children in Part C will have services in the natural environment, or reasonable justifications for not providing services in the natural environment will be documented.

*Year 6:* At or above 95% of children in Part C will have services in the natural environment, or reasonable justifications for not providing services in the natural environment will be documented.

*Improvement Activities/Timelines/Resources:*

- 1) We are promoting evidence-based practice in early intervention training through the Puckett Institute.
  - 2) In collaboration with the Kansas State Department of Education, Infant-Toddler Service is coordinating online courses for service coordination in early intervention.
  - 3) Reviews of local NCIP processes and plans will focus on the provision of services in natural environments.
  - 4) Entrance/exit surveys, surveys to randomly selected parents, and provider surveys will be utilized to ensure that networks and stakeholders are in agreement as to the method of service provision.
  - 5) Semi-annual report reviews include IFSP review of natural environments.
  - 6) State Part C staff will continue to monitor calls to the state and respond to parental concerns in this area.
  - 7) Data will be collected to determine if there is a need for further assistance for local networks.
- 3) **Percent of infants and toddlers with IFSPs who demonstrate improved:**
- A. **Positive social-emotional skills (including social relationships);**
  - B. **Acquisition and use of knowledge and skills (including early language/communication); and**
  - C. **Use of appropriate behaviors to meet their needs.**

*Overview of Issue/Description of System or Process:*

Kansas Department of Health and Environment has not tracked data pertaining to this indicator that can be presented in measurable terms. There has been an ongoing dialogue among local networks, service providers, and state staff regarding the most acceptable method in which this information can be collected.

The Kansas Department of Health and Environment, in conjunction with the Kansas State Department of Education, is working with the Early Childhood Outcomes (ECO) group that was commissioned by OSEP to determine an acceptable measure for child outcomes.

KDHE is participating in the ECO project under the assumption that the childhood outcomes represented by this indicator can be attributed to the provision of Part C services. Kansas Infant-Toddler Services staff is concerned that a causal relationship between the provision of services and child improvement has not been determined.

*Baseline Data:*

No baseline data has been collected in Kansas that specifically addresses the items in this indicator.

*Discussion of Baseline Data:*

No baseline data has been collected.

*Federal Fiscal Year:*

The initial data collection will occur in Federal Fiscal Year 2005-2006.

*Measurable and Rigorous Target:*

None have been identified as of yet. The Early Child Outcomes group is in the process of developing a measure that will provide yearly measurable targets.

*Improvement Activities/Timelines/Resources:*

By the February, 2007 Annual Performance Report, Kansas will have measurable and rigorous targets identified.

- 4) Percent of families participating in Part C who report that early intervention services have helped the family:**
- A. Know their rights;**
  - B. Effectively communicate their children's needs; and**
  - C. Help their children develop and learn.**

*Overview of Issue/Description of System or Process:*

State Part C staff utilized data from the Kansas Early Intervention Longitudinal Study (KEILS) in response to this indicator in past Annual Performance Reports to OSEP. However, with the development of the entrance/exit parent survey during the last year, it became evident that KEILS data was not correlating with the survey results. This was noted Kansas' July, 2003-June 2004 Annual Performance Report.

Investigation into this issue revealed that parents generally responded, "yes" to the question asked in the KEILS study, because they were generally happy with the services and service providers. The entrance/exit parent survey asks the questions in a more functional manner, and requests that parents recall how they found out this information.

When presented with a functional question, only about half of the respondents indicated that they knew their procedural safeguards. This was noted, and became the focus of technical assistance and training, which is ongoing. Families continue to have readily available access to the procedural safeguards, and are given copies of the information upon IFSP development and review. A parents' rights brochure is also available through local networks and on the state's website.

*Baseline Data:*

Entrance/Exit Parent Surveys include specific questions that address parent involvement. Responses to the following questions have been tracked:

## A) Percent of families that know their rights:

Do you know whom to contact ***outside of your local EI program*** if you have a concern?

51.9% Yes (If yes, please describe how you found this information \_\_\_\_\_)

46.9% No

1.23% Missing

## B) Parents know how to effectively communicate their children's needs:

Please rate the following statement: *EI services have helped me find resources and speak out for the needs of my child and family.*

57.1% Strongly Agree

35.6% Agree

1.58% Disagree

0.95% Strongly Disagree

4.76% Not Sure

## C) Help their children develop and learn:

In learning to meet my child's needs, EI services have been...

84.3% Very Helpful

13.1% Somewhat Helpful

0.93% Neutral

0.62% Not Helpful

0.93% Not Sure

As a parent(s), how involved were you in developing your child's plan?

83.7% I/we were involved in *every step* of the process.

14.4% I/we were involved in most steps in the process.

1.59% I/we were involved in about half of the process.

0.03% I/we were involved only at a few points in the process.

0.00% I/we were not involved in the process much.

On a scale from 1 to 10, please rate your expectations for your child's future.

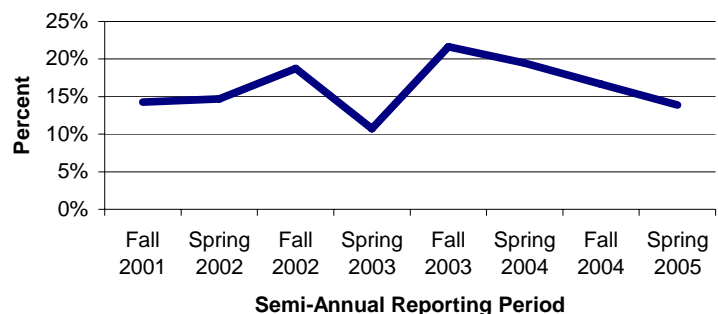
I worry about my  
not achieving  
his/her potential.

1 2 3 4 5 6 7 8 9 10

My child will  
achieve  
his/ her potential.

Mean Score: 8.83; High: 10; Low: 1

**TABLE V: Percent of Networks Reporting Complaints**

*Discussion of Baseline Data:*

In addition to the surveys, interviews with family service coordinators during site visits indicate a large amount of activities are taking place to assist families with their identified needs.

The results from the entrance/exit survey, particularly the first procedural safeguards question, were concerning to state Part C staff. As a result, procedural safeguards have been emphasized at regional meetings, and training/technical assistance has been provided to

networks. Kansas Infant-Toddler services staff anticipate that parents will report significant improvement in their knowledge of procedural safeguards during the next survey tabulation.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

*Year 1:* A) At least 60% of parents will know their rights.

B) At least 94% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children's needs.

C) Kansas Infant-Toddler Services is working with the Early Childhood Outcomes group to develop a measure that gauges the effectiveness early intervention services in helping children develop and learn.

*Year 2:* A) At least 70% of parents will know their rights.

B) At least 95% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children's needs.

C) Targets will be established following identification of a baseline.

*Year 3:* A) At least 75% of parents will know their rights.

B) At least 96% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children's needs.

C) Targets will be established following identification of a baseline.

*Year 4:* A) At least 80% of parents will know their rights.

B) At least 97% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children's needs.

C) Targets will be established following identification of a baseline.

*Year 5:* A) At least 85% of parents will know their rights.

B) At least 98% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children's needs.

C) Targets will be established following identification of a baseline.

*Year 6:* A) At least 90% of parents will know their rights.

B) At least 98% of parents will agree or strongly agree that early intervention services have helped them effectively communicate their children's needs.

C) Targets will be established following identification of a baseline.

*Improvement Activities/Timelines/Resources:*

A) Kansas Infant-Toddler Services has made procedural safeguards a priority in the local networks. Training and technical assistance has been conducted, and will continue to be offered in the future.

Parents' Rights brochures are distributed throughout the state and are available on the KDHE website.

Families Together, the parent training information center for Kansas, provides parent resources and training for families of children with disabilities.

A toll-free network called the Make A Difference Network is available for families to connect with state resources.

Parent and provider surveys will continue to be distributed.

B) Kansas is promoting evidence-based practice in early intervention training through the Puckett Institute.

Families Together, the parent training information center for Kansas, provides advocacy and training for families of children with disabilities.

Parent and provider surveys will continue to be distributed.

- C) Kansas Inservice Training System will provide training and technical assistance to local networks, which will empower families to help their children develop and learn.

Kansas will continue promoting evidence-based practice in early intervention training through the Puckett Institute.

Families Together, the parent training information center for Kansas, provides advocacy and training for families of children with disabilities.

Parent and provider surveys will continue to be distributed.

## Monitoring Priority: Effective General Supervision Part C / Child Find

### Indicators:

- 5) **Percent of infants and toddlers birth to 1 with IFSPs compared to:**  
**A. Other states with similar eligibility definitions; and**  
**B. National data.**

### Overview of Issue/Description of System or Process:

Local networks develop their own marketing and screening plans. Monthly screening is available through collaborative efforts with the infant-toddler lead agency, local health departments, mental health centers, family volunteers, school districts, Parents as Teachers, Early Head Start/Head Start, Social and Rehabilitation Services, the medical community, and others within their communities.

These entities also initiate direct referral for evaluation and/or early intervention services. Local health departments and other providers offer Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), known as Kan-Be-Healthy.

The hospitals in Kansas with Neonatal Intensive Care Units have developed a direct referral system to the community infant-toddler network which includes the infant-toddler lead agency, the infant's physician, and the local health department.

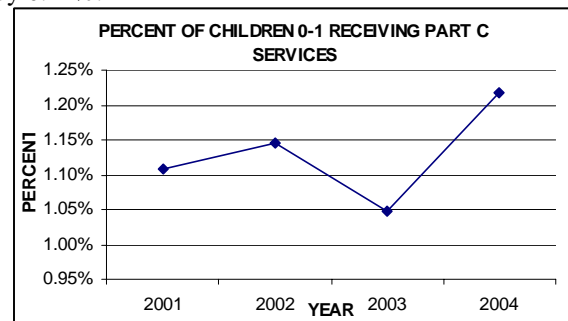
Other local efforts include the development of periodic follow-up screening for those infants and toddlers who are considered at risk for developmental delay; radio, television, and newspaper public service announcements in Spanish and English; information and developmental packets given to families of newborns; flyers and brochures posted throughout their communities; and poster displays at conferences and health fairs.

### Baseline Data:

According to Federal Data Table 2 from December 1, 2004, Kansas served 479 children age birth-to-one. This correlates to 1.23% of the live births in Kansas during the corresponding time period.

Compared to national average of 0.98% of children birth-to-one served, Kansas is 0.25% above the mean. States defined by OSEP as having broad eligibility standards serve a mean of 1.40% of children birth-to-one. Kansas falls below this mean by 0.17%. However, Kansas is above the median of broad eligibility states (1.12%) by 0.11%.

The State of Kansas has been defined by OSEP's ranking criteria as having broad eligibility. Kansas' level of developmental delay required eligibility includes a 25% delay or 1.5 SD in one or more areas, a 20% delay or 1 SD in two areas, or clinical judgment. Kansas does not serve children determined at-risk.



for

December 1 Snapshot Count and Percent Served

Year	Live Births	Number of Children Receiving Part C Services	Percent
2001	39654	439	1.11%
2002	38955	446	1.14%
2003	39442	413	1.05%
2004	39353	479	1.22%

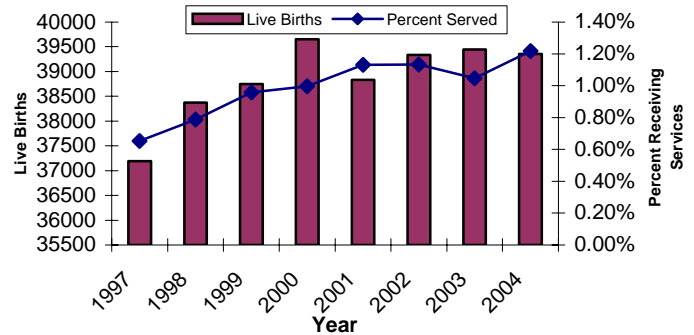
Local networks report their live birth data in the fall reporting period on semi-annual reports. For the birth to one population, the state's 36 networks served the following percentages:

Network	Live Births	Birth to One Served	Percent of Live Births
Arrowhead West, Inc.	1349	14	1.04%
Butler County Infant/Toddler Services	704	15	2.13%
City of Atchison	167	1	0.60%
Clay/Washington Infant-Toddler	141	4	2.84%
Cloud/Republic Infant-Toddler Services	157	2	1.27%
Douglas County Infant-Toddler Services	1229	12	0.98%
Flint Hills Special Education Coop.	842	6	0.71%
Geary County Infant-Toddler Services	877	10	1.14%
Harvey County Infant Toddler Program	432	6	1.39%
Hays Interagency Coordinating Council	378	10	2.65%
Jewell/Lincoln/Mitchell County ICC	114	0	0.00%
Johnson County Infant-Toddler Services	7475	74	0.99%
Kid-Link/DSNWK	328	1	0.30%
Lakemary Center Infant Toddler Program	694	7	1.01%
Leavenworth County Infant-Toddler Services	970	7	0.72%
Marion County Early Intervention Services	134	3	2.24%
Marshall County Infant-Toddler Services	115	0	0.00%
MCKIDS	342	17	4.97%
Northeast Kansas Infant Toddler Services	793	12	1.51%
Northwest Kansas Education Service Center	395	7	1.77%
Osage County ICC Infant-Toddler Services	239	3	1.26%
Ottawa-Wellsville Infant-Toddler	237	9	3.80%
Parents and Children Together, Inc.	531	12	2.26%
Pottawatomie/Wabaunsee Infant-Toddler Program	366	4	1.09%
Prairie Band Potawatomie Indians	25	0	0.00%
REACH Preschool	461	9	1.95%
Reno County Early Intervention Program	806	12	1.49%
Infant Toddler Network of Riley County	632	3	0.47%
Russell Child Development Center Children and Families	1346	14	1.04%
Salina Regional Health Center Infant-Child Development	1065	40	3.76%
Sedgwick County Early Childhood Coordinating Council	7568	71	0.94%
Shawnee County Infant-Toddler Services	2460	33	1.34%
Southeast Kansas Birth to Three Program	2292	16	0.70%
Sumner County ICC	297	5	1.68%
Sunflower Diversified Service, Early Education Center	617	4	0.65%
Wyandotte County Infant-Toddler Services	2772	36	1.30%
<b>TOTAL</b>	<b>39350</b>	<b>479</b>	<b>1.22%</b>

TABLE XIV: Children under 12 Months Receiving Services

Year	Live Births	Children Under-12 Months Receiving Services	Percent of Total Under-12 Months Population
1997	37191	243	0.65%
1998	38372	302	0.79%
1999	38748	371	0.96%
2000	39654	395	1.00%
2001	38832	439	1.13%
2002	39338	446	1.13%
2003	39442	413	1.05%
2004	39353	479	1.22%

TABLE XIV(a): Percent of All Children &lt;12 Months Receiving Services

*Discussion of Baseline Data:*

The number of children evaluated and determined eligible continues to increase in Kansas.

The number of children provided initial evaluations continues to increase and the proportion of those children found eligible holds steady. This indicates the referral and evaluation process throughout the state is being implemented accurately and uniformly.

The number and percentage of children in NICU's eligible for Part C services continues to remain steady over a 5-year period averaging 30% of all children in NICU's.

Part C staff believes that the data demonstrates infants under the age of one are being identified and receiving services early. This indicator will be monitored with the expectation of increased percentages.

Kansas Infant-Toddler Services changed the database to analyze referrals from health professionals by breaking down categories to identify physicians versus health departments. Analysis of this data will assist us in determining more precise child find focus in relation to the health field.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Target:*

*Year 1:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.25%.

*Year 2:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.30%.

*Year 3:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.33%.

*Year 4:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.35%.

*Year 5:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.37%.

*Year 6:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in Kansas. Based on past trends, Kansas expects to serve 1.38%.

*Improvement Activities/Timelines/Resources:*

- 1) Kansas will implement the Caring for Infants and Toddlers with Disabilities (CFIT) program, which is designed to enhance physician referrals to early intervention programs.
- 2) Semi-annual report reviews will focus on diversity in referral sources and screenings. Networks that show some concern in this area will be offered technical assistance.
- 3) Infant-Toddler Services will initiate a collaborative relationship with Healthy Start Home visitors, which will increase referrals and awareness for local programs.

**6) Percent of infants and toddlers birth to 3 with IFSPs compared to:**

- A. Other states with similar eligibility definitions; and**
- B. National data.**

*Overview of Issue/Description of System or Process:*

The same process described under indicator #5 applies to this indicator.

*Baseline Data:*

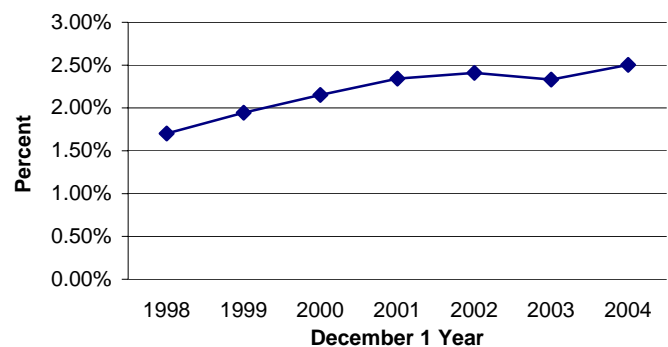
The State of Kansas has been defined by OSEP's ranking criteria as having broad eligibility.

Compared to national average of 2.30% of children birth-to-three served, Kansas is 0.27% above the mean by serving 2.57%. States defined by OSEP as having broad eligibility standards serve a mean of 2.79% of children birth-to-three. Kansas falls below this mean by 0.22%. Kansas is also below the median of broad eligibility states (2.74%) by 0.17%.

Based on the December 1 Child Count, from 1998 to 2002, the number and percentage of children birth to three receiving early intervention services on December 1<sup>st</sup> increased each year. The number and percentage declined slightly in 2003, but increased again in 2004 by 0.17%.

Each of the 36 networks reports its individual child find efforts in semi-annual reports. Examples of local efforts include the following: media announcements, mass mailings, community newsletters, presentations to community resources such as civic groups, crisis center, library, expectant mother classes, SRS, homeless centers, physicians' lunches, Part C staff serving on local early childhood task forces, participation in health fairs/parent universities, participation in community playgroups, fund raising efforts, membership in the chamber of commerce, and pre-service presentations or classes.

Networks report their live birth data in the fall reporting period on semi-annual reports. KDHE staff analyzes the percentage of children served in each network and works with networks locally if percentages fall below the state average. For the birth to three population, the state's 36 networks serve the following percentages:

**Percent of Children Receiving Part C Services**

Year	Live Births	Number of Children Receiving Part C Services	Percent
1998	110802	1884	1.70%
1999	112547	2187	1.94%
2000	115259	2481	2.15%
2001	116774	2738	2.34%
2002	117234	2828	2.41%
2003	117824	2749	2.33%
2004	117750	2947	2.50%



Network	3-Year Live Births	Birth to 3 Served	Percent of Live Births
Arrowhead West, Inc.	3892	97	2.49%
Butler County Infant/Toddler Services	2182	68	3.12%
City of Atchison	476	16	3.36%
Clay/Washington Infant-Toddler	674	27	4.01%
Cloud/Republic Infant-Toddler Services	469	25	5.33%
Douglas County Infant-Toddler Services	3640	80	2.20%
Flint Hills Special Education Coop.	2458	29	1.18%
Geary County Infant-Toddler Services	2647	74	2.80%
Harvey County Infant Toddler Program	1295	37	2.86%
Hays Interagency Coordinating Council	1121	40	3.57%
Jewell/Lincoln/Mitchell County ICC	367	7	1.91%
Johnson County Infant-Toddler Services	21746	547	2.52%
Kid-Link/DSNWK	939	20	2.13%
Lakemary Center Infant Toddler Program	1972	56	2.84%
Leavenworth County Infant-Toddler Services	2836	76	2.68%
Marion County Early Intervention Services	395	9	2.28%
Marshall County Infant-Toddler Services	342	27	7.89%
MCKIDS	1046	46	4.40%
Northeast Kansas Infant Toddler Services	1329	65	4.89%
Northwest Kansas Education Service Center	2172	32	1.47%
Osage County ICC Infant-Toddler Services	697	42	6.03%
Ottawa-Wellsville Infant-Toddler	784	33	4.21%
Parents and Children Together, Inc.	1572	39	2.48%
Pottawatomie/Wabaunsee Infant-Toddler Program	1050	33	3.14%
Prairie Band Potawatomi Indians	75	2	2.67%
REACH Preschool	1453	53	3.65%
Reno County Early Intervention Program	2517	88	3.50%
Infant Toddler Network of Riley County	1920	33	1.72%
Russell Child Development Center Children and Families	4277	144	3.37%
Salina Regional Health Center Infant-Child Development	3242	127	3.92%
Sedgwick County Early Childhood Coordinating Council	22550	352	1.56%
Shawnee County Infant-Toddler Services	7409	232	3.13%
Southeast Kansas Birth to Three Program	6953	106	1.52%
Sumner County ICC	970	32	3.30%
Sunflower Diversified Service, Early Education Center	1813	73	4.03%
Wyandotte County Infant-Toddler Services	8470	180	2.13%

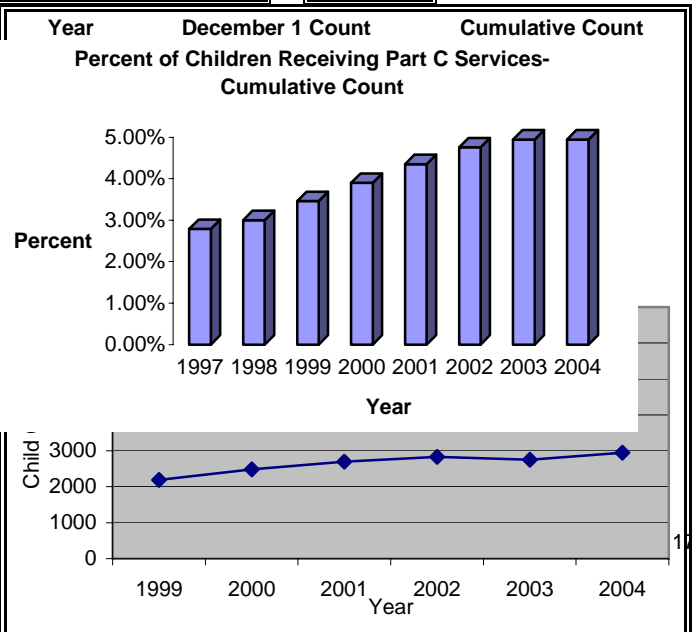
TOTAL	250,000	8947	3.50%
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TABLE X: December 1 and Cumulative Counts

*Discussion of Baseline Data:*

In addition to December 1 counts, Kansas Infant-Toddler Services also uses 6-month and annual cumulative counts to track the number of children served. Unlike the December 1 snapshot data, cumulative counts reflect the number of children served at any point during the year.

Cumulative count data is compiled by the state for comparison purposes, and is also disaggregated by network and by county. Network data is used to compare networks and trends in child-find and service delivery. Data disaggregated by county provides further identification of the level of service networks provide to specific localities.



The tables that follow: 1) relate statewide cumulative counts to the number of live births in Kansas; 2) compare cumulative count data to December 1 count data; and 3) identify cumulative counts by county. They are distributed to local networks for their planning purposes. Local networks are expected to use the data from each of their counties to identify areas that may be under-served or over-served.

TABLE XI: Cumulative Count and Percent Served.

Year	Live Births	Number of Children Receiving Part C Services	Percent
1997	110802	3093	2.79%
1998	112087	3364	3.00%
1999	114311	3955	3.46%
2000	116774	4554	3.90%
2001	117234	5104	4.35%
2002	117824	5607	4.76%
2003	117523	5815	4.95%
2004	117523	5815	4.95%

As of 5/31/2005		CUMULATIVE COUNT: Birth-to- to-One			CUMULATIVE COUNT: Birth-to- Three		
County / Region		1 Year Live Births	Cum. Ct. Birth - 1	Cum. % Live Births	3 Year Live Births	Cum. Ct. Birth - 3	Cum. % Live Births
Allen		183	0	0.00%	514	12	2.33%
Anderson		55	2	3.64%	171	8	4.68%
Atchison		55	1	1.82%	171	6	3.51%
Barber		39	2	5.13%	117	8	6.84%
Barton		371	3	0.81%	1056	60	5.68%
Bourbon		220	2	0.91%	621	10	1.61%
Brown		131	2	1.53%	408	13	3.19%
Butler		704	14	1.99%	2182	86	3.94%
Chase		35	0	0.00%	112	2	1.79%
Chautauqua		38	0	0.00%	104	1	0.96%
Cherokee		265	3	1.13%	846	19	2.25%
Cheyenne		22	0	0.00%	69	1	1.45%
City of Atchison		167	0	0.00%	476	19	3.99%
Clark		21	0	0.00%	67	1	1.49%
Clay		81	1	1.23%	265	17	6.42%
Cloud		113	1	0.88%	331	29	8.76%
Coffey		108	2	1.85%	318	9	2.83%
Comanche		12	0	0.00%	50	2	4.00%
Cowley		461	9	1.95%	1453	85	5.85%
Crawford		534	1	0.19%	1539	20	1.30%
Decatur		28	0	0.00%	82	4	4.88%
Dickinson		212	7	3.30%	633	24	3.79%
Doniphan		76	0	0.00%	240	2	0.83%
Douglas		1229	12	0.98%	3640	116	3.19%
Edwards		41	1	2.44%	118	5	4.24%
Elk		22	1	4.55%	89	3	3.37%
Ellis		359	11	3.06%	1069	62	5.80%
Ellsworth		45	0	0.00%	140	8	5.71%
Finney		751	11	1.46%	2359	157	6.66%
Ford		721	6	0.83%	1997	39	1.95%
Franklin		51	1	1.96%	153	6	3.92%
Franklin (Ottawa-Wellsville)		237	9	3.80%	784	49	6.25%
Franklin (Three Lakes)		51	0	0.00%	153	12	7.84%
Geary		877	16	1.82%	2647	136	5.14%

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Gove	33	0	0.00%	91	1	1.10%
Graham	25	2	8.00%	61	6	9.84%
Grant	140	0	0.00%	452	12	2.65%
Gray	95	0	0.00%	280	6	2.14%
Greeley	6	0	0.00%	48	1	2.08%
Greenwood	81	2	2.47%	240	5	2.08%
Hamilton	40	0	0.00%	134	7	5.22%
Harper	69	1	1.45%	199	23	11.56%
Harvey	432	6	1.39%	1295	46	3.55%
Haskell	73	1	1.37%	205	5	2.44%
Hodgeman	31	0	0.00%	70	3	4.29%
Jackson	169	3	1.78%	440	26	5.91%
Jefferson	231	5	2.16%	651	40	6.14%
Jewell	26	0	0.00%	64	1	1.56%
Johnson	7475	76	1.02%	21746	925	4.25%
Kearney	62	2	3.23%	215	12	5.58%
Kingman	78	0	0.00%	256	10	3.91%
Kiowa	38	0	0.00%	116	6	5.17%
Labette	251	2	0.80%	825	27	3.27%
Lane	22	0	0.00%	56	4	7.14%
Leavenworth	970	7	0.72%	2836	126	4.44%
Lincoln	31	1	3.23%	108	2	1.85%
Linn	105	0	0.00%	330	10	3.03%
Logan	31	0	0.00%	93	3	3.23%
Lyon	557	2	0.36%	1619	25	1.54%
Marion	134	3	2.24%	395	13	3.29%
Marshall	115	0	0.00%	342	33	9.65%
McPherson	342	17	4.97%	1046	61	5.83%
Meade	68	0	0.00%	194	7	3.61%
Miami	435	4	0.92%	1183	62	5.24%
Mitchell	57	0	0.00%	195	8	4.10%
Montgomery	416	2	0.48%	1365	30	2.20%
Morris	61	0	0.00%	169	4	2.37%
Morton	35	0	0.00%	154	3	1.95%
Nemaha	131	3	2.29%	391	20	5.12%
Neosho	213	5	2.35%	616	34	5.52%
Ness	31	2	6.45%	94	6	6.38%
Norton	44	1	2.27%	150	6	4.00%
Osage	188	3	1.60%	544	40	7.35%
Osborne	37	0	0.00%	109	5	4.59%
Ottawa	66	2	3.03%	209	12	5.74%
Pawnee	61	0	0.00%	186	21	11.29%
Phillips	61	0	0.00%	179	6	3.35%
Pottawatomie	292	4	1.37%	825	38	4.61%
Prairie Band	25	0	0.00%	75	5	6.67%
Pratt	105	2	1.90%	334	18	5.39%
Rawlins	17	0	0.00%	59	3	5.08%
Reno	809	13	1.61%	2517	137	5.44%
Republic	44	1	2.27%	138	5	3.62%
Rice	119	1	0.84%	377	8	2.12%
Riley	632	3	0.47%	1920	57	2.97%
Rooks	59	0	0.00%	183	8	4.37%
Rush	19	0	0.00%	52	6	11.54%
Russell	82	0	0.00%	200	3	1.50%
Saline	742	30	4.04%	2260	149	6.59%
Scott	66	0	0.00%	196	12	6.12%
Sedgwick	7568	72	0.95%	22550	527	2.34%
Seward	531	12	2.26%	1572	53	3.37%

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Shawnee	2460	34	1.38%	7409	349	4.71%
Sheridan	26	1	3.85%	84	3	<b>3.57%</b>
Sherman	72	0	<b>0.00%</b>	224	10	4.46%
Smith	36	0	<b>0.00%</b>	91	2	<b>2.20%</b>
Stafford	47	0	<b>0.00%</b>	141	7	4.96%
Stanton	36	1	2.78%	115	5	4.35%
Stevens	84	0	<b>0.00%</b>	261	9	<b>3.45%</b>
Sumner	297	5	1.68%	970	41	4.23%
Thomas	91	1	<b>1.10%</b>	293	8	<b>2.73%</b>
Trego	31	0	<b>0.00%</b>	95	3	<b>3.16%</b>
Wabaunsee	74	0	<b>0.00%</b>	225	8	<b>3.56%</b>
Wallace	21	0	<b>0.00%</b>	59	1	<b>1.69%</b>
Washington	60	3	5.00%	182	16	8.79%
Wichita	38	0	<b>0.00%</b>	99	4	4.04%
Wilson	111	0	<b>0.00%</b>	326	8	<b>2.45%</b>
Woodson	39	0	<b>0.00%</b>	108	5	4.63%
Wyandotte	2772	0	<b>0.00%</b>	8470	288	<b>3.40%</b>
<b>State Totals:</b>	<b>39286</b>	<b>453</b>	<b>1.15%</b>	<b>117335</b>	<b>4530</b>	<b>3.86%</b>

The local Network Continuous Improvement Plans, which are submitted with the grant applications address service levels by county. If there are major discrepancies, an improvement plan must be outlined and approved by state staff.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Target:*

*Year 1:* Kansas Infant-Toddler Services expects to serve 100% of children that are eligible for early intervention services in the state. Kansas' primary goal is to reach the national average of birth-to-three served, which was 2.74% in 2004.

*Year 2:* Kansas will focus on improving the live birth rate in networks that lag behind the state and national averages. By focusing on such networks, the percentage of live birth rate served should continue to increase. Infant-Toddler Services expects to serve 2.80% of the birth-to-three population in Kansas.

*Year 3:* Infant-Toddler Services expects to serve 2.85% of the birth-to-three population in Kansas.

*Year 4:* Infant-Toddler Services expects to serve 2.90% of the birth-to-three population in Kansas.

*Year 5:* Infant-Toddler Services expects to serve 2.95% of the birth-to-three population in Kansas.

*Year 6:* Based on past trends, Kansas expects to serve 3.00% of the birth-to-three population in the state.

*Improvement Activities/Timelines/Resources:*

- 1) Kansas will implement the Caring for Infants and Toddlers with Disabilities (CFIT) program, which is designed to enhance physician referrals to early intervention programs.
- 2) Semi-annual report reviews will focus on diversity in referral sources and screenings. Networks that show some concern in this area will be offered technical assistance.
- 3) Infant-Toddler Services will initiate a collaborative relationship with Healthy Start Home visitors, which will increase referrals and awareness for local programs.

- 4) KDHE will continue to contract with the Kansas Inservice Training System to provide training and technical assistance to programs in all areas, including child find and evaluation.

**7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.**

*Overview of Issue/Description of System or Process:*

State Part C staff track the development of IFSPs within 45-day timelines through the database and semi-annual reports. Local networks enter the date that IFSP development was completed, and if it extends beyond 45 days, a reason for delay should be included.

When state Part C staff review semi-annual reports, every IFSP developed outside of the 45-day timeline is reviewed and a reason for delay is determined. If the report reviewer cannot determine a reason for a delay, then KDHE sends notification to the local network that a reason must be given. Typical reasons have been categorized, and are included in the baseline data below.

*Baseline Data:*

From July 1, 2004 to December 31, 2004, 1216 IFSPs were developed within the 45-day timeline and 201 IFSPs were not developed within the timeline. From January 1, 2005 through June 30, 2005, 1281 IFSPs were developed within the 45-day timeline and 347 IFSPs were not developed within the timeline.

For the entire reporting period, 2497 of 3045 IFSPs (82%) were developed within the 45-day timeline.

Of the 548 IFSPs not developed within the 45-day timeline, the following justifications were provided:

Category	Reason for Delay	Quantity	Percent
Child in Foster Care	Child advocate not appointed	1	0.18%
Child in Foster Care	Child scheduled to move	2	0.36%
Child in Foster Care	Difficulty locating parent	29	5.29%
Illness	Child illness	22	4.01%
Illness	Part C staff illness	2	0.36%
Family Choice	Family delayed or rescheduled	213	38.87%
Family Choice	Family missed scheduled contact	79	14.42%
Family Choice	Family chose other services	2	0.36%
Family Choice	Family not responding to contact attempts	8	1.46%
Family Moved	Family moved-location not determined	1	0.18%
Family Moved	Family moved-services began after 45 days	2	0.36%
Error	Part C staff error	21	3.83%
Part C Staff Availability	Part C staff scheduling difficulties	13	2.37%
Part C Staff Availability	Unable to find interpreter	1	0.18%
Re-evaluation Needed	Eligibility determined after re-evaluation	18	3.28%
Holiday Break	Holiday break	4	0.73%
In Process	In process at time of report (within 45 days)	130	23.72%

**Total**

**548**

TABLE XVII: Evaluation and Assessment Timelines

<b>Screenings:</b>								
<i>Comparison between the number of screenings per reporting period:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	3073	3248	5014	5055	5485	6656	7278	11275
<i>Percentage of screenings from the same reporting period in the previous year:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	-	-	163.16%	155.63%	109.39%	132.75%	145.15%	223.05%
<b>Evaluation Referrals:</b>								
<i>Comparison of total referrals for evaluation lper reporting period:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	2082	2316	2234	2490	2179	2625	2487	2724
<i>Percentage of total referrals for evaluation from the same reporting period in the previous year:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	-	-	107.30%	107.51%	97.54%	117.50%	111.32%	109.40%
<b>Evaluation Sources:</b>								
<i>Percentage Referred by Source:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
Doctor/Physician					15.89%	19.06%	20.73%	19.44%
Hospital					9.32%	8.60%	5.58%	6.64%
Health Department					1.90%	1.86%	2.41%	2.35%
Newborn Hearing Screening					0.02%	0.04%	0.12%	0.15%
Audiologist		(Categories Expanded beginning in SFY 2004).			0.10%	0.11%	8.00%	15.00%
WIC					0.35%	0.84%	0.64%	0.70%
Parents/Family/Friends					23.41%	24.34%	26.40%	28.94%
Education, PAT					23.76%	25.22%	21.41%	22.12%
NICU					10.83%	7.87%	8.32%	8.88%
SRS					0.80%	1.71%	5.30%	3.96%
Other					13.43%	9.47%	8.72%	6.60%
<i>Total referred but not evaluated:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	330	305	406	377	402	512	641	744
<i>Percentage of referrals that were not evaluated:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	15.85%	13.17%	18.17%	15.14%	18.45%	19.50%	25.77%	27.31%
<i>Reasons for not completing evaluations:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
Family Declined	46.06%	54.10%	47.78%	42.18%	34.83%	28.71%	24.96%	24.06%
Moved	9.39%	9.84%	9.85%	11.41%	9.20%	5.86%	5.15%	3.63%
Could Not Locate Family	26.97%	25.90%	29.56%	32.63%	20.90%	13.21%	19.81%	17.61%
In Process	0.00%	0.00%	0.00%	0.00%	0.00%	46.68%	44.77%	50.13%
Other	17.58%	11.15%	12.81%	14.06%	35.07%	3.91%	2.96%	3.90%
<b>Timelines:</b>								
<i>Percentage of referrals not meeting two-day timeline:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	1.20%	0.65%	0.31%	0.08%	1.06%	0.00%	0.00%	0.00%
<i>Percentage of IFSPs not developed within the 45-day timeline:</i>								
	<i>Fall '01</i>	<i>Spring '02</i>	<i>Fall '02</i>	<i>Spring '03</i>	<i>Fall '03</i>	<i>Spring '04</i>	<i>Fall '04</i>	<i>Spring '05</i>
State of Kansas	15.93%	14.19%	11.55%	15.68%	10.45%	11.77%	14.18%	21.31%

*Discussion of Baseline Data:*

Data reported indicates that IFSPs are being developed within 45-day timelines in most instances. Justifications for most late IFSPs are appropriate, however, Kansas Infant-Toddler Services recognizes that some justifications are not appropriate. Staff errors, staff availability, and holiday breaks are not appropriate and will be addressed.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Target:*

*Year 1:* Part C staff has determined, based on the baseline data, that 41 children did not have IFSPs due to systemic problems. These should be completely eliminated in the first year, which would improve the state's percentage to 100%.

*Year 2:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 3:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 4:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 5:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Year 6:* Part C staff will continue to work on systemic concerns that prevent families from rejecting Part C services. The percent of IFSP meetings conducted within the 45-day timeline will be 100%.

*Improvement Activities/Timelines/Resources:*

- 1) Kansas Inservice Training System will conduct IFSP training, which will address timelines.
- 2) Evidence based practice training will help local networks work more efficiently with families. This should reduce the timeframe in which IFSPs are conducted.
- 3) Part C staff will work independently with local networks to conduct technical assistance and collaborative effort to make their local systems more efficient.

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

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**Indicators:**

- 8) **Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:**
- A. IFSPs with transition steps and services
  - B. Notification to LEA, if child potentially eligible for Part B; and
  - C. Transition conference, if child potentially eligible for Part B.

*Overview of Issue/Description of System or Process:*

IFSPs must include steps that support the transition of a child from Part C to 1) preschool services under Part B, to the extent those services that may be available are appropriate; or 2) other services that may be available, if appropriate.

The steps in transition planning include the following:

- Discussions with, training of, or instruction for parents regarding future placements, and other matters related to the child's transition.
- Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to and function in a new setting.
- With parental consent, the transmission of information about the child to the local educational agency, to ensure the continuity of services, including evaluation and assessment information and copies of IFSPs that have been developed and implemented.
- Consideration of the financial responsibilities of all appropriate agencies.
- Decisions about the responsibility for performing or sharing evaluations of children.
- Development and implementation of an IFSP or an IEP.
- Mechanisms to ensure the uninterrupted provision of appropriate services to the child, including the summer months. The Part B program IFSP or IEP team shall determine extended school year services during the summer for three-year-old children.
- Convening of a meeting to develop a transition plan.

Other transitions that should be considered and planned for include 1) Neonatal intensive care unit to home, 2) Home to center-based services, and 3) Any occurrence that has a major impact on the child and family.

#### Baseline Data:

A) 100% of eligible children in infant-toddler services that are transitioning have a transition plan.

B) 100% of the LEA's are notified of possible Part B eligibility in the plan.

C) 100% of transition conferences are held no more than nine months and no less than 90 days before exiting Part C services.

The entrance/exit parent survey asks parents the following question regarding transition:

If your child is exiting EI services, have you been made aware of other services that are available?

- ☐ Yes (If yes, what services?) \_\_\_\_\_
- a. Do you intend to use these services? ☐ Yes ☐ No
- ☐ No

Data gathered and compiled indicates that 81.9% of parents report that they have been made aware of other services that are available. Of those who were aware of other services, 72.5% intended to use them.

Slightly more than 2% of the children exiting Part C do so without referrals or eligibility previously determined.

EXIT STATUS	2000		2001		2002		2003		2004	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Completion of IFSP	283	16%	347	18%	436	21%	583	21%	570	26%
Part B Eligible	948	55%	993	52%	1067	51%	1428	52%	1064	49%
Exit to other programs	73	4%	57	3%	65	3%	53	2%	39	2%
Exit with no referrals	41	2%	54	3%	52	2%	70	3%	64	3%
Eligibility not determined	21	1%	21	1%	13	1%	77	3%	44	2%
Deceased	18	1%	25	1%	30	1%	17	1%	13	1%
Moved out of state	199	11%	199	11%	216	10%	167	6%	126	6%
Withdrawal by parent	95	5%	126	7%	160	8%	244	9%	143	7%
Contact unsuccessful	58	3%	71	4%	69	3%	133	5%	91	4%
Totals:	1736	100%	1893	100%	2108	100%	2772	100%	2154	100%



*Discussion of Baseline Data:*

Nearly every coordinator reported some kind of cooperative planning or implementation of services with the Parents as Teachers Program for community playgroups, parent training, and information or provision of services.

The Part C site visit review process has been revised as part of the change to the state's monitoring process. In instances where the local NCIP indicates a specific network may need assistance, the site visit is strengthened to include more detailed information gathering on the part of the site visitors and in the exit report about the transition process.

Part C and Part B developed a collaborative data system to track children from the time they exit Part C to Grade 5. This includes children with or without a referral to Part B.

Transition plans are being completed and included in the IFSP's but are often not individualized. Reviews of IFSP's reveal plans that look much the same for every child.

A review of IFSP's for 2003-2004 submitted for semi-annual reports indicates that of 36 networks, only one network did not include a transition outcome.

IFSP's are requested of each of the 36 networks once a year with the submission of their spring semi-annual report. For the past six years, each network has been asked to submit at least one IFSP that includes a child who is in the age three transition period. Consistently, IFSP's show transition planning and verification that the 90-day meeting is conducted. In addition, NCIP reviews will support this information, or in some cases, may result in site visits.

File review by Part B shows evidence of the 90-day meetings with documentation that Part B and Part C staff were present along with all members required by law. Site visit interviews of all local partners include discussions with Part B staff and reports that 90 day meetings occur and that a plan for transition is in place in networks between Part B and Part C.

The majority of children eligible for Part B receive special education when they reach their third birthday. Also, there has been extensive training of both family and professionals around this topic. Follow-up findings indicate that the trainings were successful in improving transitions for families.

The data is limited concerning the appropriateness of services for children not eligible for Part B after exiting early intervention.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

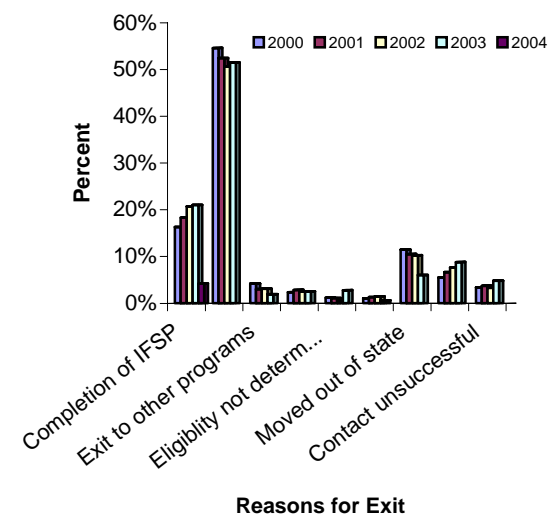
*Measurable and Rigorous Targets:*

**Year 1:** A) 100% of children exiting Part C will have an IFSP with transition steps and services.  
 B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.  
 C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

**Year 2:** A) 100% of children exiting Part C will have an IFSP with transition steps and services.  
 B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.  
 C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

**Year 3:** A) 100% of children exiting Part C will have an IFSP with transition steps and services.

**Infants and Toddlers Exiting Part C Programs**



- B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.
- C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

*Year 4:* A) 100% of children exiting Part C will have an IFSP with transition steps and services.

- B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.
- C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

*Year 5:* A) 100% of children exiting Part C will have an IFSP with transition steps and services.

- B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.
- C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

*Year 6:* A) 100% of children exiting Part C will have an IFSP with transition steps and services.

- B) 100% of children exiting Part C who are potentially Part B eligible will have notification sent to the LEA.
- C) 100% of transition conferences will be held no more than nine months or less than 90 days before exiting Part C services for families of children potentially eligible for Part B services.

*Improvement Activities/Timelines/Resources:*

- 1) State Part C staff and KITS will facilitate collaboration with local early intervention programs and their partners to create Memoranda of Understanding with regard to a variety of topics, including transition.
- 2) The State ICC will work with state agencies to update the state Memorandum of Understanding.
- 3) A General School Enhancement Grant through the Kansas State Department of Education will allow us to do web-based training for service coordination and early intervention and the transition process.
- 4) State Part C staff will participate on the planning committee of the Kansas Division of Early Childhood conference committee, to ensure that transition is addressed.
- 5) State Part C staff and KITS will facilitate a collaborative training between Head Start, early intervention, and education.

## **Monitoring Priority: Effective General Supervision Part C / General Supervision**

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**Indicators:**

- 9) **General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.**

*Overview of Issue/Description of System or Process:*

In the effort to further increase utilization of the self-assessment data by local programs, a new Network Continuous Improvement Plan (NCIP) has been disbursed to the local networks. The NCIP includes the following network-specific information:

- 1) Timelines (see APPENDIX I) and guidelines.
- 2) Kansas' most recent Part C Annual Performance Report, which provides local networks with a "big picture" perspective on how KDHE uses the data that is collected locally.
- 3) The current network grant, including the local budget and narrative on expenditures, assurances, key communicators, and LICC members.
- 4) The current community service plan, describing how the local networks fulfill all IDEA obligations.
- 5) The most recent year's semi-annual reports, including KDHE's comments regarding local network performance.
- 6) The most recent Federal Data Tables from local networks.
- 7) Samples of the two parent surveys used by KDHE to collect network data, identify concerns, compare performance, and gauge parental perceptions (Appendix II).
- 8) Statewide live-birth data, broken down into networks for comparison purposes.

- 9) Comparative analysis of local network live birth rates relative to local network funding (Appendix I).
- 10) Cost analysis of early intervention networks in Kansas, with consideration given to geographic area, cumulative count, and staffing levels (Appendix V).
- 11) The Local NCIP, which imitates OSEP's Annual Performance Report, is tailored to provide data and a plan from the local level. The data included in the preceding sections of the binder is utilized in completing the NCIP locally. Local networks are expected to use their data to define their current situation, identify strengths and weaknesses, develop a plan to improve, analyze results, and create new goals—very similar to the Kansas Annual Performance Report submitted to OSEP (Appendix III).

This new process reflects the OSEP model with the elimination of the on-site program review except in those cases where local programs, based on data, appear to have significant problems or challenges. This model was implemented in July of 2004, and has included introductory training and consultation with individual networks.

In addition to the work done directly by the lead agency, Kansas has a unique system of accountability through its system of local control. Each of the 36 networks in Kansas signs assurances that they will comply with IDEA. The Part C Coordinators in each network monitor for compliance at the local level among their providers and take individual action when necessary and make system-wide changes when necessary. This includes such activities as monitoring IFSP's, forms, service delivery, personnel certification, service delivery location, procedural safeguard compliance, child find activities, and referrals.

Further accountability and cross-referencing of network data is available through the newly implemented parent survey. Results from the surveys can be tracked to each of the 36 local networks and compared to state aggregate data and OSEP targets.

Each year KDHE asks that networks submit application to receive an award to recognize exemplary practice. The recipients receive recognition at a statewide conference, media recognition in the home network and \$1000 for a project within the Network.

The Kansas Division for Early Childhood awards mini grants each year to networks that submit a plan for best practice activities.

#### *Baseline Data:*

- A) 100% of noncompliance issues were corrected within one year. Kansas Infant-Toddler Services identified three findings of noncompliance in the priority areas, and corrections were made within the year. These included: 1) Assistance provided to a network to ensure that appropriate services were provided to eligible children and families. 2) Technical assistance provided to a network regarding noncompliance in qualified staff. 3) Technical assistance provided to a network that was noncompliant with regard to natural environments.
- B) Kansas Infant-Toddler Services identified four findings of noncompliance not included in the above monitoring priority areas. All four were identified through the Network Continuous Improvement Plan process and corrected within one year.
- C) This measure is not currently applicable.

#### *Discussion of Baseline Data:*

Of particular interest is the data attached to item #4 in TABLE I. The question on the entrance/exit parent survey reads:

Do you know whom to contact outside of your local EI program if you have a concern?

- ☐ Yes (If yes, please describe how you found this information) \_\_\_\_\_
- ☐ No

Only 51.9% of the respondents indicated that they knew whom to contact outside of their local program if they have a concern. Improved communication between parents and providers is needed with regards to procedural safeguards. Furthermore, inconsistencies in parents' knowledge of their rights were identified through the comments on the entrance/exit survey.

An extensive program review system is administered through the lead agency. The baseline model consists of: 1) the annual grant application and contract assurances, 2) the local early intervention network annual self-assessments, 3) semi-annual reports, 4) federal data tables, 5) accountability guidelines, and 6) a detailed self-improvement plan. This system includes a variety of data and validation sources, which is collected from parents, service providers, and Part C coordinators.

In addition to the work done directly by the lead agency, Kansas has a unique system of accountability through its system of local control. Each of the 36 networks in Kansas signs assurances that they will comply with IDEA. The Part C Coordinators in each network monitor for compliance at the local level among their providers and take individual action when necessary and make system-wide changes when necessary. This includes such activities as monitoring IFSP's, forms, service delivery, personnel certification, service delivery location, procedural safeguard compliance, child find activities, and referrals.

Each year KDHE asks that networks submit application to receive an award to recognize exemplary practice. The recipients receive recognition at a statewide conference, media recognition in the home network and \$1000 for a project within the Network. The Kansas Division for Early Childhood awards mini grants each year to networks that submit a plan for best practice activities.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005. The following chart identifies the indicators in this plan that have associated compliance issues:

**Issues Pertaining to Compliance Indicators:**

Indicator 1	0
Indicator 7	39
Indicator 8	0
Indicator 9	3
Indicator 10	0
Indicator 11	0
Indicator 14	0

**Issues Regarding Other Indicators:**

Indicator 2	0
Indicator 3	Not Applicable (New Indicator)
Indicator 4	0
Indicator 5	0
Indicator 6	0
Indicator 12	0
Indicator 13	0

*Measurable and Rigorous Targets:*

*Year 1:* 100% of signed, written complaints will be resolved within the 60-day timeline.

*Year 2:* 100% of signed, written complaints will be resolved within the 60-day timeline.

*Year 3:* 100% of signed, written complaints will be resolved within the 60-day timeline.

*Year 4:* 100% of signed, written complaints will be resolved within the 60-day timeline.

*Year 5:* 100% of signed, written complaints will be resolved within the 60-day timeline.

*Year 6:* 100% of signed, written complaints will be resolved within the 60-day timeline.

*Improvement Activities/Timelines/Resources:*

- 1) Infant-Toddler Services' emphasis on a better understanding of procedural safeguards is expected to result in an increase in communication from parents. State Part C staff will continue to follow the protocol as described in the state's Part C procedure manual.
- 2) The state's technical assistance contract, through Kansas Inservice Training System, will address procedural safeguards.

**10) Percent of written, signed complaints resolved within 60-day timeline, including a timeline extended for exceptional circumstances with respect to a particular complaint.**

*Overview of Issue/Description of System or Process:*

A parent or an agency providing services shall notify KDHE of a complaint received by a local lead agency leading to mediation, due process hearing, or both.

Local networks need to assure, either independently or through their local lead agency, that the procedural safeguards are followed and enforced.

#### *Baseline Data:*

KDHE received its first ever written, signed complaint from a parent in the state on June 23, 2005. The complaint came from a parent in Wyandotte County, regarding autism services. It was resolved on July 12, 2005. Therefore, 100% of signed, written complaints have been resolved within the 60-day timeline.

#### *Discussion of Baseline Data:*

The state receives and records informal parental complaints. Each parent is informed of right to mediation and due process. Phone calls are logged and tracked to monitor timeliness and outcomes both at local and State level. There are instances in which phone calls, even if not submitted as formal complaints, result in significant system change. For example, a parent called to complain that a network was not offering physical therapy, as indicated in the child's IFSP. Investigation confirmed this. KDHE initiated a non-compliance citing, and TA was provided and resulted in the provision of appropriate services with qualified staff.

The Procedure Manual, Section XIII, outlines the requirements for procedural safeguards for families within the early intervention system. These requirements follow the federal regulations.

Networks report parental concerns and methods of resolution on Semi-Annual Reports, which are coded by KDHE staff according to TABLE II:

**Complaint Categories and Codes**

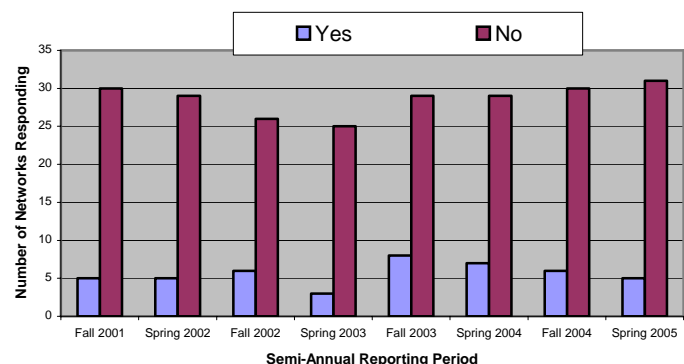
Code #	Area of Concern
1	Service Frequency/Intensity
2	Service Location
3	Service Type
4	Choice of Service provider
5	Natural Environments
6	Gap in Service due to Move/Absence
7	Provider Scheduling
8	Provider Interaction with Family (Siblings/Parents)
9	Need for Additional Resources/Funding
10	Questions Regarding Provision of Funding for Service

C	Compliance Issue
S	Complaint Investigated by KS Infant-Toddler Services

State staff review the following on a yearly timeline for compliance/systemic issues: 1) Annual grant applications and contract assurance that describe how Part C services will be provided; 2) Semi-annual reports must be submitted by networks which track the number and sources of referrals, timelines, children in program, public awareness activities, trainings, and self-evaluation activities; 3) Federal data table information is collected from all networks.

In addition to the two parent surveys, a provider survey will provide detailed data from the service delivery perspective. The data compiled from provider surveys can be compared to parent responses, to ensure that there is not a disconnect among providers and parents with regards to service delivery.

**TABLE IV: Local Networks Reporting Grievances**



Nine networks currently have technical assistance plans with the TA provider. One plan has been completed. In addition, six networks have requested and received short-term technical assistance consultation. Of the nine networks with TA plans, all were identified through monitoring activities.

100% of LICC's report that procedural safeguards are in place; that parents have access to any records about their child and family; that parents are given written informed consent for initial evaluation/early intervention services; that parents are part of the team making decisions regarding changes of services; and that parents give informed consent for the release of information among participating agencies.

Families have readily available access to the procedural safeguards and are given copies of the information upon IFSP development and review, but the safeguards are rarely utilized and evidently not well understood among parents.

An improved understanding among parents of their procedural safeguards must occur. Parents are receiving the information, but not applying it to situations of concern.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

Kansas Infant-Toddler Services has placed an added emphasis on procedural safeguards over the past year, and will continue to do so in the coming years. Therefore, state Part C staff expects to see an increase in parental complaints, since parents should be more aware of their rights.

*Year 1:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 2:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 3:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 4:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 5:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Year 6:* State Part C staff expects that 100% of written, signed complaints will be resolved within the 60-day timeline.

*Improvement Activities/Timelines/Resources:*

- 1) Kansas Infant-Toddler Services has made procedural safeguards a priority in the local networks. Training and technical assistance has been conducted, and will continue to be offered in the future.
- 2) Parents' Rights brochures are distributed throughout the state and are available on the KDHE website.
- 3) Families Together, the parent training information center for Kansas, provides parent resources and training for families of children with disabilities.
- 4) A toll-free network called the Make A Difference Network is available for families to connect with state resources.
- 5) Parent and provider surveys will continue to be distributed.

**11) Percent of fully adjudicated due process hearing requests that were adjudicated within the applicable timeline.**

*Overview of Issue/Description of System or Process:*

An impartial person shall be appointed by KDHE to implement the complaint resolution process. That person must have knowledge about the provisions of due process hearings, and the need of, and services available for, eligible children and their families. The impartial appointee also listens to the presentation of relevant viewpoints about the complaint, examines all information relevant to the issues, and seeks to reach a timely resolution of the complaint. The appointee also provides a record of the proceedings, including a written decision to the participants and to KDHE.

*Baseline Data:*

To date, only one written complaint has been received. The parent indicated that the problem was not being resolved at the local level, and that mediation a due process hearing was requested at the same time. The mediation was delayed due to staff error at the state level and parent request. The complaint never reached due process, because it was resolved in mediation.

*Discussion of Baseline Data:*

Although not considered formal complaints, phone calls are logged and tracked to monitor timeliness and outcomes.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

*Year 1:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 2:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 3:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 4:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 5:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Year 6:* 100% of due process hearing requests are fully adjudicated within the applicable timeline.

*Improvement Activities/Timelines/Resources:*

- 1) Infant-Toddler Services' emphasis on a better understanding of procedural safeguards is expected to result in an increase in communication from parents. State Part C staff will continue to follow the protocol as described in the state's Part C procedure manual.
- 2) State Part C staff and other resources will address procedural safeguards.

**12) Percent of hearing requests that went to resolution sessions that were resolved through resolution sessions settlement agreements (applicable if Part B due process procedures are adopted).**

*Overview of Issue/Description of System or Process:*

Kansas Infant-Toddler Services has adopted the state's Part B due process procedure.

The participating agency shall, on request, provide an opportunity for a hearing to challenge information in records to insure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child.

If, as a result of the hearing, the participating agency decides that the information violates the rights of the child or is inaccurate/misleading, it shall inform the parent of the right to place in the records it maintains on the child a statement commenting on the information or setting forth any reasons for disagreeing with the decision of the agency.

A hearing regarding record content shall be conducted according to the procedures of the Family Education Rights and Privacy Act (FERPA), Section 99.22.

*Baseline Data:*

The due process hearing request was resolved via agreements made at the resolution session. Mediation successfully resolved the issue.

*Discussion of Baseline Data:*

Since due process hearings have not occurred, discussion is limited to the procedure that will be followed in any potential due process hearing request.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

Not Applicable. We have had no requests for resolutions.

*Improvement Activities/Timelines/Resources:*

- 1) Infant-Toddler Services' emphasis on a better understanding of procedural safeguards is expected to result in an increase in communication from parents. State Part C staff will continue to follow the protocol as described in the state's Part C procedure manual.
- 2) The state's technical assistance contract, through Kansas Inservice Training System, will address procedural safeguards.

**13) Percent of mediations resulting in mediation agreements.**

*Overview of Issue/Description of System or Process:*

Mediation is offered to parents as an option but does not delay or extend the 30-day due process procedure. Mediation proceedings are completed or at impasse within 7 calendar days of the local lead agency's receipt of the complaint. If at impasse or the time has elapsed, the complaint is forwarded to KDHE within 8 days from the time KDHE was initially notified of the complaint.

Mediation is requested by the parent or the agency and must have the agreement of both parties prior to entering into the process.

*Baseline Data:*

A mediation agreement was created during the due process hearing, so 100% of mediations resulted in mediation agreements.



*Discussion of Baseline Data:*

As discussed in previous sections, an improved understanding of procedural safeguards may possibly lead to an increase the number of mediation requests in future years.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

Not Applicable. We have had no requests for due process hearings.

*Improvement Activities/Timelines/Resources:*

- 1) Infant-Toddler Services' emphasis on a better understanding of procedural safeguards is expected to result in an increase in communication from parents. State Part C staff will continue to follow the protocol as described in the state's Part C procedure manual.
- 2) The state's technical assistance contract, through Kansas Inservice Training System, will address procedural safeguards.

**14) State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.**

*Overview of Issue/Description of System or Process:*

There is an extensive program review process that is coordinated at the state level and includes a variety of data and validation sources (See TABLE VIII). KDHE collects the data in this table annually from every local network.

**TABLE VIII: Local network validation sources**

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**Grant Section**

- Face sheet is complete
- Face sheet is signed by Lead and Fiscal Agency(s) and ICC Chair(s)
- Encompasses the same geographical area as last year (renewal app.)
- Budget page is complete
- Budget math is correct
- Administrative costs are 5% or less
- Budget is sound and appropriate
- Part C grant award total is accurate
- Budget narrative includes explanation of local funding
- Budget narrative justifies Part C funding requests
- Assurances are signed by lead and fiscal agencies and local ICC Chair
- List of 5 key communicators is included
- Current ICC members, what they represent, and executive board members are indicated
- Individualized Network Plan (INP) includes required components
- (INP) plan describes interagency participation and collaboration
- Description of network service area is included
- Information is included regarding how parents and agencies were involved in writing the grant
- Description of Local ICC coordination is attached

**Semi-Annual Report Section**

- Semi-Annual report data is up-to-date
- All parent complaints have been resolved

- Examples of child-find and public awareness activities were provided
- Informational materials are presented in a variety of formats and languages to target select groups
- Semi-Annual Report includes an update of progress on (INP) objectives
- Copy of LICC meeting minutes are included
- Family participation should be evident in LICC minutes
- A description of trainings that have been completed (including the involvement of parents, family members, and partners as participants or presenters) is attached

#### **Federal Data Table (Collection) Section**

- The local network's portion of the Infant-Toddler Database is updated

#### **Other Materials**

- Entrance/Exit parent survey results are available
- Randomly selected parent survey results are available
- Provider survey results are available
- Growing Together updates have been submitted

In the effort to further increase utilization of the self-assessment data by local programs, this component of the program review system has been strengthened and paired with a detailed written self-improvement plan. This change is designed to strengthen the data collection portion of program reviews for local and state use. The process also assists networks by restructuring the review system to have a more meaningful impact on the local network outcomes, strengthening follow-up, and tailoring technical assistance programs to networks with specific needs.

This new process reflects the OSEP model with the elimination of the on-site program review except in those cases where local programs, based on data, appear to have significant problems or challenges.

The NCIP incorporates local network data collection with analysis and collaborative planning to create a comprehensive local improvement plan. By following the procedures set forth in the NCIP, local networks:

- 1) Analyze the current situation, based on objective data collected from a variety of sources.
- 2) Identify strengths and weaknesses.
- 3) Envision their community's ideal model of Part C service delivery.
- 4) With significant community input, plan a future course of action.
- 5) Forecast the anticipated impact of the plan.
- 6) Evaluate the results of the implemented plan with the forecast.
- 7) Identify progress and additional needs.
- 8) Repeat the process, realizing continuous improvement throughout.

Analysis of the resources used to guide activities indicates a need to update the Procedure Manual to reflect current practice and to incorporate the changes to IDEA from reauthorization. Part C funding supports a statewide web based data collection system that is used by the 36 local networks to report data to KDHE for state/federal reports. Additionally, KDHE and KSDE have developed a collaborative database to analyze transition and longitudinal information.

From the 36 local NCIP plans submitted to KDHE, Part C staff will compile the data and create a more holistic picture of current service delivery and planning for the state of Kansas. The compiled report will be incorporated into the Annual Performance Report submitted to OSEP.

A randomly distributed parent survey, which is more detailed and contains cross-reference data included in the entrance/exit survey, has been developed and will be distributed to a randomly selected sample.

#### *Baseline Data:*

100% of the reports requested by OSEP are submitted by KDHE in a timely manner. These reports include: Federal Data Tables, Annual Performance Reports, and the State Performance Plan.

#### *Discussion of Baseline Data:*

The Part C database is updated by local networks on a quarterly basis. Funding to local networks is withheld by KDHE if the local data systems are not updated quarterly. The data from the local networks is compiled in the state's system and reported to OSEP according to federal timelines.

*Federal Fiscal Year:*

Data collected for this indicator are updated through Federal Fiscal Year 2004-2005.

*Measurable and Rigorous Targets:*

*Year 1:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 2:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 3:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 4:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 5:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Year 6:* 100% of the reports requested by OSEP are submitted by KDHE in a timely manner and are accurate.

*Improvement Activities/Timelines/Resources:*

State Part C staff will continue to contract with the data software designer to improve the state's system. Requests for additions and clarifications to the data system by local networks will be ongoing. The goal of making the system increasingly user-friendly will be continuous.